PTO/SB/17 (01-06)
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Under the Paperwork R	respond to a collection of information unless it displays a valid OMB control number							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006				Complete if Known  Application Number 10/808,329-Conf. #5424				
						March 25, 2004		
						Kazuaki SUMITA		
						R. E. Sellers	^	
Applies at aloises small entity status. See 37 CER 1 27				4740				
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Art Unit 1712 Attorney Docket No. 0171-1077Pt			 31	
	7 (100) 500 (100)							
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILIN	IG FEES	SEA	ARCH FEES	EXAMIN	IATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
ree Description								Fee (\$)
Each claim over 20 (including Reissues)							50	25
,								100
Multiple dependent clair						W 1 B - 1	360	180
	Total Claims			aid (\$)	Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
5 - 20 = HP = highest number of total	x I claims paid for, if	reater than 20.			Fe	<u>e (\$)                                      </u>	ee Paiu (\$	i e
Indep. Claims Ex	tra Claims	Fee (\$)	Fee P	aid (\$)		<del></del>		_
1 -3=	x	=						
HP ≃ highest number of inde	pendent claims pai	d for, if greater than	3.					_
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specific	cation, \$130 fe	e (no small entit	y disco	ount)				
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1252 Extension for response within second month 450.00								
SUBMITTED BY	1							
Signature	Ilwn	m 9		Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205	-8000
Name (Print/Type) Gerald	M. Murphy, J					Date	August 7	2006

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